

		FIRE DEPARTMENT REGISTRATION AND EQUIPMENT INFORMATION WORKSHEET PLEASE TYPE OR PRINT		<i>Mail, Fax or Email completed form to:</i> MISSOURI DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY P.O. Box 844 JEFFERSON CITY, MO 65102 FAX: 573-751-5710 Email: firesafe@dfs.dps.mo.gov	
1) FDID:		2) FIRE DEPARTMENT NAME:		3) 24 HR CONTACT NUMBER: (Other than 911)	
4) FIRE DEPARTMENT MAILING ADDRESS:				5) NON-EMERGENCY BUSINESS PHONE NUMBER:	
4a) FIRE DEPARTMENT WEBSITE ADDRESS (if applicable):				5a) BUSINESS FAX NUMBER:	
6) FIRE DEPARTMENT PHYSICAL ADDRESS - Main Station (Additional Stations should be included on the supplemental form)				7) GIS LOCATION OF MAIN STATION (Long/Lat) If known:	
8) CITY:		9) ZIP CODE:		10) COUNTY:	
11) CHIEF'S NAME:		12) E-MAIL ADDRESS:		13) PHONE:	
14) CONTACT PERSON (if other than chief):		15) E-MAIL ADDRESS:		16) PHONE:	
17) DEPARTMENT TYPE: (check one box) <input type="checkbox"/> ALL VOLUNTEER <input type="checkbox"/> ALL PAID <input type="checkbox"/> PART PAID / PART VOLUNTEER <input type="checkbox"/> PART PAID / PART PAID PER CALL <input type="checkbox"/> ALL MEMBERS PAID PER CALL		18) DEPARTMENT TYPE: (check one box) <input type="checkbox"/> DISTRICT <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> ASSOCIATION			
		19) FIRE DEPT FUNDING <input type="checkbox"/> TAX SUPPORTED <input type="checkbox"/> SUBSCRIPTION / TAG			
		20) PERSONNEL (complete each applicable field): # PAID # VOLUNTEER # PAID PER CALL			
21) DATE ASSOCIATION BOUNDRIES FILED:	22) NUMBER OF FIRE STATIONS:	23) ACTIVELY NFIRS REPORTING: <input type="checkbox"/> Yes <input type="checkbox"/> No	24) CODE ENFORCEMENT (circle or fill in blank): <input type="checkbox"/> BOCA <input type="checkbox"/> UFC <input type="checkbox"/> NFPA <input type="checkbox"/> ICC Code Edition (Year)	25) ISO RATING: (lowest rating for your department)	
<i>FIRE DEPARTMENT EQUIPMENT INFORMATION</i>					
26) MUTUAL AID REGION (same as Hwy. Patrol Troop):	27) REGIONAL MUTUAL AID AREA COORDINATOR:				
28) Please inventory and report below ALL fire or related resources operated by your department. Refer to the Resource Typing description lists to provide the most accurate representation of available equipment/resources. <i>Note: Inclusion of resources does not indicate all resources are available for Mutual Aid responses.</i>					

Equipment	Type and #	Equipment	Type and #
Engines (Pumpers)	I V II VI III VIII IV	Water Tenders (Tankers)	I II III
Aerial	I IIP IP III II III P	Rescue Squad	
Brush Truck	Other	Foam Tender (include percent concentrate)	I % II %
Portable Pump	I w/trailer II w/trailer III w/trailer	Fuel Tender	I Fuel type II Fuel type
Ambulances (Fire service based)	I III II	Mobile Communications Unit	Trailer Based Vehicle Based
Bomb Squad/Explosives Team	I II III	Swiftwater/Flood Rescue Dive Team	I II III
Collapse Search & Rescue Team	I III II IV	Wilderness Search & Rescue Team	I II
Cave Rescue Team	I III II IV	HazMat Entry Team	I III II
Canine Teams (Explosives, Cadaver, Search, Tracking, Disaster, Accelerant, Wilderness)	Type: # of Teams:	HazMat Technicians (Trained at Tech Level)	
Command Vehicles	Vehicle based Trailer based	Fire Boats	

Mail, Fax or Email the completed first 2 pages and any additional station info to:

**MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
P.O. BOX 844
JEFFERSON CITY, MO 65102
FAX: 573-751-1744
Email: firesafe@dfs.dps.mo.gov**

Division of Fire Safety Use Only	
Date Received:	Date Entered:
Notes:	

ADDITIONAL STATION NUMBER		PHONE NUMBER:
STATION PHYSICAL ADDRESS:		7) GIS LOCATION OF STATION (Long/Lat) If known:
CITY:	ZIP CODE:	10) COUNTY:
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